



Arkansas Secretary of State

Charlie Daniels

State Capitol • Little Rock, Arkansas 72201-1094
501-682-3409 • www.sosweb.state.ar.us

Statement of Insurance

(Please type or print)

I, _____ a representative of _____
(individual) (company name if applicable)

do swear or affirm that _____ is not required to carry
(individual or company name)

workers' compensation insurance due to the following reason(s):

Warning: If the above statement conflicts with the requirements of the Arkansas Workers' Compensation Act, it is understood this may subject the employers to sanctions under A.C.A. 11-9-406 which determination rests with the Arkansas Workers' Compensation Commission. In addition, an employer violating A.C.A. 11-9-406 may be prosecuted criminally.

(Signature of individual or company representative)

(Date)

State of _____

County of _____

Subscribed and sworn to before me, a Notary Public, this _____ day of _____, _____.

Signature of Notary Public (Please apply seal below)

My commission expires: _____